

## Executive Briefing

### Pediatric Asthma

This Pediatric Asthma study examined utilization of emergency room services and inpatient hospitalizations for 7,646 children aged two through twenty years who had a diagnostic mention of asthma in the administrative database and who had maintained continuous enrollment in either the MEDALLION, Medallion II, or Fee-For-Service (FFS) Medicaid program during SFY 2000 (July 1, 1999 through June 30, 2000). Asthma is regarded as an ambulatory care-sensitive condition. That is, complications that require utilization of emergency room and/or inpatient hospitalization by persons diagnosed with asthma can often be prevented with appropriate ambulatory medical care. Key findings of this study were:

- The aggregate prevalence of children with asthma in the three Medicaid programs was 7.4%. A larger proportion of enrollees in the MEDALLION (8.2%) and Medallion II (7.2%) programs were diagnosed with asthma as compared with those children in the FFS (5.9%) program. It is likely that this reflects the ongoing efforts by providers in those programs to identify and treat children with signs and symptoms suggestive of asthma.
- Children covered by the Medallion II program, which operated primarily in the more urban areas of the state during the time period covered by this study, were also more likely to be African American and of elementary school age, as compared children covered by the MEDALLION and FFS programs. These differences in demographic characteristics were controlled for in subsequent analyses of emergency room and inpatient hospital utilization.
- The aggregate rate of emergency room utilization by children with asthma in the three Medicaid programs was 14%. No differences in the rate of emergency room utilization were found between the three Medicaid programs, after controlling for the demographic characteristics of the program enrollees.
- The aggregate rate of inpatient hospitalization among children with asthma was 5.7%. No differences in the rate of inpatient hospitalization were found between the three Medicaid programs, after controlling for the demographic characteristics of the program enrollees.

These results are consistent with the provision of reasonable access to ambulatory care under all three of the Medicaid programs.

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